

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04192

FILED
Mar 04, 2009
Secretary of State

Entity Name: LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT EIGHT INC.

Current Principal Place of Business:

7500 NW 25 ST., #106
DORAL, FL 33122

New Principal Place of Business:

3399 NW 72ND AVE
STE 215
MIAMI, FL 33122

Current Mailing Address:

7500 NW 25 ST., #106
DORAL, FL 33122

New Mailing Address:

3399 NW 72ND AVE
STE 215
MIAMI, FL 33122

FEI Number: 59-2191748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONSULTANS GROUP, INC
7500 NW 25 ST., #106
DORAL, FL 33122 US

Name and Address of New Registered Agent:

DUGGER, ROBERT A SR
3399 NW 72ND AVE
STE 215
MIAMI, FL 33122 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT A. DUGGER

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUADROS, MILTON
Address: 5326 NW 198TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP () Delete
Name: MONCADA, JOSE I
Address: 5302 NW 197TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: ST () Delete
Name: RODRIGUEZ, RICARDO
Address: 19730 NW 54TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: URIBE, GILBERTO
Address: 5222 NW 197TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: GARCIA, ROBERTO
Address: 5416 NW 197TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CUADROS MILTON

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date